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VIA ELECTRONIC FILING

Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-B204
Washington, DC 20554

Re: Notice of Ex Parte in WC Docket No. 02-60, Oregon Health Network

Madam Secretary:

In accordance with Section 1.1206 of the Commission's rules, 47 C.F.R. § 1.1206, we hereby provide notice of an oral ex parte presentation in connection with the above captioned proceeding. On October 14, 2011, Kim Lamb, Executive Director, Oregon Health Network (OHN) spoke with Attorney Advisors Chin Yoo and Linda Oliver by phone to discuss the reporting requirements for the Federal Communications Commission's Rural Health Care Pilot Program (RHCPP).

OHN thanked the Wireline Competition Bureau for the RHCPP funds to support the successful and full deployment of its RHCPP funds to deploy Oregon's first and only statewide health care network come June 30, 2012. In the interest and sole purpose of assisting the FCC's analysis and review of the RHCPP nationwide, OHN presented examples as to how the bureau could (and should) define, analyze and report upon the "success" of the RHCPP given the original intent, unique complexity and broad scope of the program.

Designing, deploying and maintaining health care networks that are designed to truly support "patient-centered" care has been extremely complex. This is due to the fact that public benefitting networks like these have never been deployed before in our country. OHN suggested that the FCC expand its research and analysis of the RHCPP to include:

- **SCOPE:** A variety of scope factors have been included in OHN's presentation to assist the FCC in framing program expectations and what each has been able to (or not able to) address in the critical first years of operation. FCC should be prepared to provide documentation scope of expertise, resources and factors required to support a national "next generation" health care network infrastructure.
- **BEST PRACTICES:** Each RHCPP has a different model and support system. For those that are developing momentum and achieving success, the FCC should look to them as innovators. Successful RHCPPs could provide

useful documentation on what sort of business, community, political and technical best practices are being developed to be shared, accessed, and incorporated by the rest of the country's networks.

- **OUTCOMES:** Due to complex nature of these new networks, expectations and definitions of measuring success are multi-dimensional with their own unique timeline and momentum considerations. Because of this, the FCC should look to common overarching outcomes that could be used to reasonably confirm progress or success beyond the clinical outcome level.
- **BUSINESS MODELS:** The FCC has made a significant investment in the innovation of our country's health care infrastructure by developing the RHCPP. It was designed as a "pilot program" to provide the FCC (and other sister agencies) the opportunity to differentiate and highlight network and business models that worked from those that didn't. Building a trusted and reliable health care infrastructure highway that supports the use of current and future applications is an unprecedented feat. By highlighting and learning from successful programs that could be replicated and shared across the country provides concrete metrics for launching national models and directly serves the original intent of the RHCPP.
- **SHARING OF MEANINGFUL INFORMATION:** Deploying the best final health care delivery system solution is the end goal of the RHCPP and beyond. In order to facilitate the right national level discussion, it has proven imperative for the RHCPPs to track and share information and best practices that support the *Triple Aim* goals of CMS in a complete and meaningful way. Analysis and documentation should highlight how these RHCPP investments have supported health care, economic and workforce development in the surrounding state/regional areas. This data would also be critical to assist the FCC in educating and assisting other agencies in understanding the critical systemic importance and interdependency of broadband's direct and indirect role in providing core societal services and contributing to the elusive American quality of life.



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Committed to the shared Federal goal of building a national health care delivery system that serves the *Triple Aim* goals of CMS, the Oregon Health Network (OHN) strives to anticipate and provide crucial information. Agencies such as the FCC, CMS, ONC, HHS can use this data to assist them in coordinating their efforts in a strategic and effective manner, specifically as it relates to the evolving design, deployment and support of our nation's new health care delivery system. As an example of systems being used and data being tracked, Kim Lamb provided a real-time demonstration of OHN's MS Sharepoint and Microsoft CRM systems. These databases track the known telehealth uses of the OHN by its participants, broadband being deployed (new/existing, fiber/t1 etc), bandwidth utilization, automated RHCPP-USAC invoice management and beyond. All these systems have been designed to be replicated/shared with other networks, and the information being tracked is meant to be compiled and shared in a meaningful way that assists state and federal leadership in making sound and coordinated decisions. It also adds to the much needed continued investment in these networks in a way that provides the greatest benefit to all.

If you have any questions or comments, please don't hesitate to email or call.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kim Lamb', is displayed within a white rectangular box.

Kim Lamb
Executive Director

Oregon Health Network
Direct: (503) 344-3742
email: klamb@oregonhealthnet.org

Enclosures

cc: Chin Yoo, Linda Oliver



OREGON HEALTH NETWORK

Recommendations to the FCC on Reporting and Evaluation of the Rural Health Care Pilot Program

October 13, 2011

Assumptions

- *In support of the national goals to improve health care delivery, the FCC developed the Rural Health Care Pilot Program (RHCPP) to learn how best to design and support the deployment of the nation's next generation health care delivery system infrastructure at the state and regional level*
- *The FCC is looking for information back from USAC and the Rural Health Care Pilot Programs (RHCPP) to determine how and if the RHCPP funds have indeed served the commission's goals for the project – in order to apply lessons learned to an evolving national broadband plan for health care*

Goals

Oregon Health Network, would like to assist the FCC in how it assesses the Rural Health Care Pilot Program(s) in order to better clarify “success” as it relates to the national objectives. They should include:

- ✓ **Scope:** The scope of what it takes to really design, launch, deploy and support a state/regional health care network; networks that have never been deployed before in the country
- ✓ **Best Practices:** Best practices being developed as it relates to how to do so
- ✓ **Best Models:** Which network architecture and business models (sustainability plans) are thriving and serve not only their project's needs but that of the entire; and hopefully to replicate and continue funding and policy level support to support momentum built/gained by the initial RHCPP investment
- ✓ **Outcomes:** Tracking the use and outcomes (good and/or bad) of the RHCPP broadband investment as it relates to health care, economic and workforce development
- ✓ **Sharing of Quality Information:** Innovative ways to track and share meaningful data/information amongst RHCPP's, RHCPP's to the state/local governments, and national networks to support a new completely integrated, non-silo'd , national health care delivery infrastructure system

Scope: A state's health care highway

What does it really take to design, build and sustain a state/regional health care network that serves not only the goals of the FCC, but that of the CMS to rebuild and support the deployment of our nation's next generation of health care?

- ✓ ***Political Landscape/Support:*** Cooperation and buy-in required at the public agency and greater community/industry level to support network.
- ✓ ***Match Funding (Public & private):*** Trends and patterns associated with why some State's were able to find the 15% matching funds and others weren't.
- ✓ ***Best business and network models (see "best model" section):*** Assessment of how the original sustainability plans changed over time and why
- ✓ ***Communication:*** Clarification of the sophisticated outreach/marketing/communication requirements really needed to affect and support the goals and outcomes required – initially at the vendor and provider organization level – but eventually down to the patient/consumer level.
- ✓ ***Operational Infrastructure/Systems:*** Overview of infrastructure costs, real budgets, as to what it is taking to fund the operations of these networks – as a means to understand if public/private arrangements should be considered at a national level.
- ✓ ***Geography:*** Identify how the networks have addressed accessing the most remote and hard to access areas.
- ✓ ***Sales and Outreach Strategies:*** What strategic methods and efforts have resulted in the greatest participation and success

Best Practices

Statewide health care networks that are designed/envisioned to connect to the rest of the country – have never before been build or deployed.

Therefore, what has each project done in the following areas:

- ***Needs Identification:*** Successfully identify and address the changing needs of its participant base
- ***Strategy & Business Plan:*** Identify how, technically, politically, economically, to “build with the end in mind” to ultimately connect it’s networks to other state, regional and national health care networks to provide seamless health care delivery
- ***Communication:*** Ability to understand and simplify the landscape (communication) for providers to encourage greater education, awareness, buy-in
- ***Scalable Operational Infrastructures:*** Internal and external systems, processes that are designed to be replicated across the country to truly serve the FCC’s goal to effectively, efficiently and affordable build and support the nation’s next generation health care delivery system at the broadband infrastructure level
- ***Collaboration:*** Embracing, refining and mastering the concept of collaboration from the tops down, bottoms up, and side to side: federal, state, networks and provider levels

Outcomes

The definition of “success” or an “outcome” is multidimensional as it relates to these new health care networks. Careful selection and expectation setting for what is required and being tracked as an outcome should include and consider how the RHCPP investment has performed in affecting/impacting the following:

- ***Broadband infrastructure deployment***

- **Existing vs. New Infrastructure:** How much new fiber has been deployed as a result of these generous RHCPP subsidies, and just importantly, how much existing infrastructure was used to communicate best leverage of existing infrastructure (no overbuilds)
- **Economic Development:** The impact of these broadband investments to the surrounding communities at the economic development/impact level
- **Workforce Development:** The impact of these investments to the workforce/jobs landscape to the surrounding communities

- ***Ability to support other National Health Care Initiatives***

- CMS's Triple Aim Goals: Improve population health, improve patient experience, reduce costs
- CMS's Electronic Health Records & Health Information Exchange: Ability to work with and along side state's efforts to address new CMS mandates.

- ***Existing AND Developing Uses of the Network***

- Track expansion of existing HIT and telehealth programs and outcomes that were enhanced by these broadband investments, as well as new innovative, cross network/state relationships and applications that will deploy as a result of the network.

Best Models: National Scalability

The RHCPP will not be a success unless best practices in the form of working and scalable business and network models are identified and are able to be replicated throughout the country.

- **Network Architecture**

- Benefit from the diverse network architecture solutions proposed and acted upon by all RHCPP's, and identify reasons why they're working or not in each geographical area
- Network Operations Center (NOCs): Value of this service
- Quality and reliability of new connection vs. former/old connection
- Ability to impact/reduce broadband costs
- Plan and path to connect to other state and national networks

- **Business Models**

- **Sustainability & Business Plans:** Prove or modify assumptions; and address plan or path to connect network community to national health care delivery system/community
- **Marketing Plans:** Strategies and methods to drive demand and use of the networks
- **Operational Infrastructure:** Staffing, technical infrastructure, process and procedure requirements
- **Financial Sustainability:** Format audits, strategy and timeline to achieve full sustainability
- **Customer Service:** Outreach and ongoing customer service strategies, efforts and investments needed to support the changing needs of the participant base.

Sharing of Meaningful Information

In order to convene the right discussions, to produce the best final health care delivery system solution – it is imperative that each network work to track and share data that supports the Triple Aim goals of CMS in a complete and meaningful way.

Broadband is the common denominator to strong health care and workforce/education delivery as well as economic development. Therefore these RHCPP's have the ability to track data that serves the national goals – and encourages/directs the efforts that build momentum – to maximize federal/state investments.

In Oregon, we are planning on producing an Annual Oregon Health IT & Telehealth Report to share with Federal and State Agencies, our membership and strategic partners to show:

1. ***Improved health care delivery that supports the Triple Aim goals of CMS***
 - All telehealth activities of all member participants; who's providing/receiving what
 - Working with participants through our new Hosted Video Conferencing solution to select an area/outcome they'd like to improve
2. ***How our infrastructure either directly or indirectly has impacted the economic landscape in Oregon***
3. ***How our infrastructure and these FCC investments have directly or indirectly improved the workforce development needs and challenges in the state***